



SPECIAL EVENT SERVICE REQUEST FORM

Effective 07/01/2018 - 06/30/2019

RECEIVED ON: _____

APPROVED BY: _____

REQUESTOR INFORMATION

Organization Name:	Council District 6	Council District #:	6
Requestor Name:	Marcos Sanchez	Telephone Number:	(818) 778-4999
Request Date:	03/12/20	Cell Phone Number:	
E-Mail Address:	marcos.sanchez@lacity.org	Fax Number:	(818) 778-4998

EVENT INFORMATION

Event Name:	Clean Sweep Team			
Event Date(s)/Time:	Event Start Date:	Event End Date:	Event Start Time:	Event End Time:
(30 days advance notice required for guaranteed service)	03/14/20	03/14/19	8:30 AM	12:00PM
Requested Package: (Select Only One)	<input type="checkbox"/> A - Blue Bin Only (\$97.20/event)	<input type="checkbox"/> B - Blue Bin Only (\$142.34/event)	<input type="checkbox"/> C - Blue Bin Only (\$380.44/event)	<input type="checkbox"/> D - Blue Bin Only (\$846.84/event)
	<input type="checkbox"/> A - Optional Staffing (\$574.94/day)	<input type="checkbox"/> B - Optional Staffing (\$687.78/day)	<input type="checkbox"/> C - Optional Staffing (\$800.62/day)	<input type="checkbox"/> D - Optional Staffing (\$1,488.40/day)
	<input type="checkbox"/> E - Non-Food (\$128.85/event)	<input type="checkbox"/> F - Non-Food (\$195.09/event)	<input type="checkbox"/> G - Non-Food (\$549.27/event)	<input type="checkbox"/> H - Non-Food (\$1,346.06/event)
	<input type="checkbox"/> E - Optional Staffing (\$574.94/day)	<input type="checkbox"/> F - Optional Staffing (\$574.94/day)	<input type="checkbox"/> G - Optional Staffing (\$800.62/day)	<input type="checkbox"/> H - Optional Staffing (\$1,488.40/day)
	<input type="checkbox"/> I - Food Event (\$160.38/event)	<input type="checkbox"/> J - Food Event (\$247.63/event)	<input type="checkbox"/> K - Food Event (\$717.38/event)	<input type="checkbox"/> L - Food Event (\$1,847.13/event)
	<input type="checkbox"/> I - Optional Staffing (\$574.94/day)	<input type="checkbox"/> J - Optional Staffing (\$574.94/day)	<input type="checkbox"/> K - Optional Staffing (\$913.46/day)	<input type="checkbox"/> L - Optional Staffing (\$2,289.03/day)
	<input type="checkbox"/> Custom Quote			
Optional Roll-Off Service:	<input checked="" type="checkbox"/> 40-Cubic Yard Bin (\$309.86 plus tip fees of \$60.00 per ton)		<input type="checkbox"/> 30-Cubic Yard Bin (\$309.86 plus tip fees of \$60.00 per ton)	
Cardboard Boxes:	<input type="checkbox"/> Refuse	Quantity <input type="text"/>	<input type="checkbox"/> Recycle	Quantity <input type="text"/>
Additional Liners (\$0.39 ea.):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Quantity of Additional Liners: <input type="text"/>	
Comments:				

BILLING INFORMATION

Bill to:	<input type="checkbox"/> Requesting Person/Organization/Sponsor/Vendor		<input type="checkbox"/> General City Purpose Fund (Auth. by: _____)	
	<input checked="" type="checkbox"/> Council Office (Authorized by: Marcos Sanchez)			
Bureau of Street Services (BSS) Special Events Reference Number (if applicable):				
Subsidy Eligibility:	<input type="checkbox"/> Does not Apply		<input type="checkbox"/> 50% Special Events Subsidy	
			<input type="checkbox"/> Community Clean-Up (Restrictions Apply)	
Name:	Council District 6	Telephone Number:	(818) 778-4999	
Billing Address:	14410 Sylvan ST. #215	City:	Van Nuys	Zip: 91401
Authorized Signature:	<i>[Signature]</i> I request the above collection services from the Bureau of Sanitation and agree to pay for services as listed on the Special Events Package List:		Print Name	

DELIVERY AND PICK-UP INFORMATION

Containers Drop Off Site:	Street Address	City	Zip
Roll-Off Bins Drop Off Site:	14740 Blythe St	Panorama City	91402
Site Contact Person(s):	Marcos Sanchez	Site Contact Cell. Number:	(661) 674-5614
Drop Off/Pick Up Date/Time:	Drop Off Date	Pick Up Date	Pick Up Time
Comments:			
Signature upon Delivery:	I have received the containers and services as indicated above and agree to the conditions listed below:		Print Name

* Daytime Delivery/Pickup's will be scheduled between 7:00 a.m. and 12:30 p.m. (Mon-Fri). Containers delivered during daytime hours need to be stored in a secure location.

* Tip Fees for Roll-Off Services will be determined once event has concluded.

* Fee will be assessed for any lost or damaged containers.

SANITATION USE ONLY

No. of Blue Containers:	No. of Roll Off Bins:		
30 Gallon	30 Yard	40 Yard	Other
No. of Black Containers:	Weight Slip Date	Truck Number or Roll-Off	Tons Dumped
60 Gallon			
Date Sent	Confirmation	Confirmation to Organizers	Confirmation to Council
Request Sent to Yard:			
Req. Sent to Special Events:			
Comments:			

TO BE COMPLETED BY THE REQUESTOR

SANITATION USE ONLY